Permission Form (Optional)

If you want someone else to be given information about your Basic Health account, or help with your application or future changes to your account, please complete, sign, and date this form. You can:

- Use the form now by attaching it to your application and returning it in the envelope provided; **or**
- Fill out and mail the form to Basic Health, P.O. Box 42683, Olympia, WA 98504-2683 at any time.

This permission will be in effect until you leave Basic Health or tell us to cancel it.

This form is for Basic Health only. It will not be used for medical information, Basic Health *Plus*, the Maternity Benefits Program, or your health plan.

To: Basic Health

The person(s) named below are authorized to act as my or my family's representative(s) in the preparation and submission of the Basic Health application and future changes to my Basic Health account.

The person(s) listed below may provide information necessary for processing my application, enrollment, and future changes to my Basic Health account.

I understand that by signing this form I have not authorized the release or sharing of my health information.

This permission will continue as long as I am enrolled in Basic Health unless I notify Basic Health that it is cancelled.

Applicant's name (please print): _____

Applicant's social security number (voluntary), or Basic Health I.D. number, once assigned, if different than social security number: _____

Name(s) of person(s)/representative(s) given permission to access account:	Relationship to applicant OR name of organization (list phone or fax number):

Must be signed by you and your spouse (if applicable)

X _____	_____	_____
Your signature	Social security number (voluntary)	Date
X _____	_____	_____
Spouse's signature	Social security number (voluntary)	Date

Signature of all children age 18 and over who receive Basic Health coverage

X _____	_____	_____
Signature	Social security number (voluntary)	Date
X _____	_____	_____
Signature	Social security number (voluntary)	Date

Washington State law may require disclosure of any information you submit as a public record. Basic Health is administered by the Health Care Authority. Our Privacy Notice is available upon request by calling 360-923-2822 or online at **www.hca.wa.gov**.